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December 15, 2009

UPS: 1Z 593 122 36 9026 8742

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on December 14, 2009.

Enclosed please find the following item:

- Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-20668109),

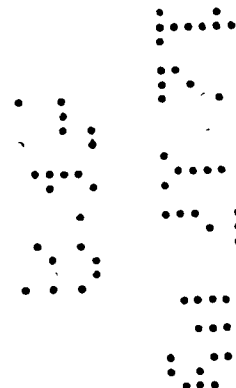
If you should have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,
HACCO, Inc.

Jennifer J. Seifert
Manager, Regulatory Affairs

Enclosures

JJS/tla



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Submission date:	Contact person (if different than reporter)	Internal ID 1-20668109	
	Address: Oregon		Address:			
	Phone #: <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Phone #:			
	Incident Status: New	Location and date of incident Oregon Unknown	Date registrant became aware of incident: 11/6/2009	Was incident part of larger study?		
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 61282-49		EPA Registration # (Product 2)		EPA Registration # (Product 3)	
	A.I. (s) Zinc Phosphide		A.I. (s)		A.I. (s)	
	Product 1 Name Prozap Zinc Phosphide Pellets		Product 2 Name		Product 3 Name	
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?	
	Formulation		Formulation		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes		
Applicator certified PCO? Not applicable						
How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description						

Personal privacy information

***11/6/2009 4:59:43 PM Prozap Zinc Phosphide Pellets
EPA Reg# 61282-49***

Hx: Caller states they had applied the product and 2 of her goats got into the product and died. Caller states she is 99% certain that her dog ate some of goat. Caller states this morning the dog did not want to eat and just a couple of minutes ago threw up 2-3 times. Caller states she has spoken with her vet on the phone. Caller also wanted to know how long the product would be active. Provided CS#.

***A: Zinc Phosphide is a rapidly-acting, commonly-lethal toxicant without an antidote. Like other substances with these characteristics, prognosis is intimately dependant on successful decontamination and aggressive treatment.
Dog should be taken to DVM ASAP***

11/9/2009 4:29:05 PM CB message # 1 left on VM.

11/9/2009 5:02:15 PM [REDACTED] is the husband calling about our follow up call. They gave the dog some antacid and she only vomited that one time and her appetite went back to normal that day also. He is not sure if she even got into the product. He himself had some sxs of an unusually slow heartbeat. He had some numbness on the left side of his body also. He went to MD for an MRI and they are trying to figure out what his sxs are from. He may have touched some of the product when he put it out in the yard.

Thanked caller for information and told him to follow up with MD about his sxs but would not expect them to be from this product since he had no real exposure to this product.

****Personal privacy information****

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Senior (> 65)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Unknown</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Bradycardia, Unable to determine; Numbness, Unable to determine;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-20668109